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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 09/787,514			ing Date 19/2001	☐ To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN	
FOR			NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		l	N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A		
	FAL CLAIMS CFR 1.16(i))		minus 20 =					x \$ =		OR	x \$ =		
IND (37	EPENDENT CLAIM CFR 1.16(h))		minus 3 = *				l	x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and dra sheets of paper, the applic is \$250 (\$125 for small en additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and			cation size fee due tity) for each ction thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT	03/27/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	LY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	• 21	Minus	·· 22		= 0		x s =		OR	X \$50=	0	
	Independent (37 CFR 1,16(h))	• 4	Minus	***5		= 0]	x \$ =		OR	X \$200=	0	
	Application Size Fee (37 CFR 1.16(s))						1						
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	R SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus	**		=		x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))	*	Minus	**		=		x \$ =		OR	x \$ =		
Ш	Application Size Fee (37 CFR 1.16(s))									1			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
Γ										OR	TOTAL ADD'L FEE		
** If	If the entry in column 1 is less than the entry in column 2, write '0' in column 3. "If the "Highest Number Previously Paid For 'N THIS SPACE is less than 20, enter '20'. "If the "Highest Number Previously Paid For 'N THIS SPACE is less than 3, enter '3'. The "Highest Number Previously Paid For '(Total or Independent) is the highest number found in the appropriate box in column 1.												

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